POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NY	70591	200
O.I.P.E. CLASSIFIER		19	3700
FORMALITY REVIEW		71/2/	4/1/15
RESPONSE FORMALITY REVIEW		-/	

## INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

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If more than 150 claims or 10 actions staple additional sheet here

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BEST AVAILABLE CODY